

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-033423

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 352

Primary Registration District No.

Registrar's No. 64

STATE FILE NUMBER

FILED AUG 20 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Taney</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Iowa</b> b. COUNTY <b>Adair</b>                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Branson Mo.</b>   |   | c. CITY OR TOWN <b>Stewart</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>Home</b>  |   | d. STREET ADDRESS <b>Stewart</b>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>           |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>August</b> Middle <b>William</b> Last <b>Damman</b>                                    |   | 4. DATE OF DEATH<br>Month <b>8</b> Day <b>10</b> Year <b>62</b>  |  |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <b>4-25-87</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>                             |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday) <b>75</b>   |
| 11a. FATHER'S NAME <b>John F. Damman</b>  |   | 11b. MOTHER'S MAIDEN NAME <b>Anna S. Schallow</b>  | 11c. NAME OF HUSBAND OR WIFE <b>Anna Tibben</b>                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)  |   | 16. SOCIAL SECURITY NO. <b>[REDACTED]</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY<br>IMMEDIATE CAUSE (a) <b>Carcinoma of Stomach</b> |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |   | DUE TO (b)   |  |
|   |   | DUE TO (c)   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)         |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour <b>4-1-62</b> a.m. <b>8-10-62</b> p.m.  | Month, Day, Year  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION   | COUNTY <b>Adair</b> STATE <b>IA.</b>   |
| 21. I attended the deceased from <b>4-1-62</b> to <b>8-10-62</b> and last saw her alive on <b>7-10-62</b>                                 |   | Death occurred at <b>6 am 8-10-62</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |
| 22. SIGNATURE <b>Charles C. Sears</b> (Degree or title)   |   | 22b. ADDRESS <b>Branson, Mo</b>  | 22c. DATE SIGNED <b>8-10-62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE <b>8-13-62</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cemetery</b>   | 23d. LOCATION (City, town, or county) <b>Adair County, IA.</b>                       |
| 24. FUNERAL DIRECTOR<br><b>Walter Cobb</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>8-17-62</b>  | 26. REGISTRAR'S SIGNATURE <b>Heleen Campbell</b>                                     |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Brie M. Abbott*

Licensed Embalmer No.

*5115*

P. O. Address

*Springfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.